

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

45-63-019664  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 130 Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

FILED MAY 20 1963

VS 300  
Rev. 4/59

1 0380

2 03802

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4 1

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gentry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Albany</b>		c. CITY OR TOWN <b>Stanberry</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <b>Gentry Co. Memorial Hosp.</b>		d. STREET ADDRESS <b>6th and Locurst St.</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Ida May Devers</b>		4. DATE OF DEATH Month <b>May</b> Day <b>9</b> Year <b>1963</b>	
5. SEX <b>F</b>	6. COLOR, OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-10-1875</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	11. BIRTHPLACE (City and state or country) <b>Nodaway County, Mo.</b>
13a. FATHER'S NAME <b>Flemming Butler</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Moore</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		17. INFORMANT <b>Mrs. Hazel Fletchall, Stanberry, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic heart disease</b> DUE TO (b) <b>unknown</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Systemic infection, site undetermined</b> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <b>years</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Stanberry, Mo.</b>	
21. I attended the deceased from <b>4-29-63</b> to <b>5-9-63</b> and last saw her alive on <b>5-9-63</b> . Death occurred at <b>5:30 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Charles R. Carlen MD</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>May 11, 1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Lots Grove Cemetery</b>		23d. LOCATION (City, town, or county) <b>Allendale Missouri</b>	
24. FUNERAL DIRECTOR <b>Johnson Funeral Home, Stanberry, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5-14-63</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. L. W. Bore</b>		22c. DATE SIGNED <b>5-13-63</b>	

USE BLACK INK

OR

TYPEWRITER RIBBON

Recd -  
6-14-63

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer.

Signed \_\_\_\_\_

*Ross Johnson*

Licensed Embalmer No. 4948

P. O. Address \_\_\_\_\_

*Stanberry Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.